2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2017
Secretary of State
CC2502550395

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Entity Name: NEW TRANSITION THERAPY LLC

Current Principal Place of Business:

447 3RD AVE N
STE 210
ST PETERSBURG, FL 33701

Current Mailing Address:

447 3RD AVE N
STE 210
ST PETERSBURG, FL 33701 US

FEI Number: 27-4570233

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BYRNES, TRISTAN W
447 3RD AVE N
STE 210
ST PETERSBURG, FL 33701 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	BYRNES, TRISTAN W
Address	447 3RD AVE N STE 210
City-State-Zip:	ST PETERSBURG FL 33701

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TRISTAN W BYRNES MGR 03/16/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date